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CONFIRMATION NO. 7687

SERIAL NUMBER 10/830,071	FILING DATE 04/23/2004	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 1579-904
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 10/440,404 05/19/2003
 which claims benefit of 60/380,874 05/17/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/30/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature Initials	STATE OR COUNTRY NC	SHEETS DRAWING 2	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 7
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ADDRESS

23117
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TITLE

Method for treating obesity

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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